

OSCAR REPORT 3
HISTORY FACILITY PROFILE

LOGAN NURSING & REHAB CENTER
1480 NORTH 400 EAST
LOGAN UT 84341
STATE'S REGION CODE: 001

PROVIDER #: 465116 FACILITY BEDS
PHONE NUMBER: (435) 750-5501 TOTAL: 118
PARTICIPATION DATE: 01/01/1988 CERTIFIED: 118 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/02/2003

TOTAL: 79
MEDICARE: 12
MEDICAID: 34
OTHER: 33

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 118

18 18/19 19 ICF/MR
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118

CURRENT SURVEY REVISIT DATES - 11/13/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
06/2000		10/2001		08/2002		10/02/2003			
	X	E	X	E		X C	E	11/10/2003	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
	X	E							REQ F0241-DIGNITY
	X	E							REQ F0246-ACCOMMODATION OF NEEDS & PREFERENCES
	X	D	X	D					REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
	X	G	X	D					REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
	X	E							REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	D	10/31/2003	REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
			X	D					REQ F0331-GRADUAL DOSE REDUCTIONS OF ANTIPSYCHOTIC DRUGS
			X	D		X C	E	11/10/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
			X	D					REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
	X	E	X	D					REQ F0431-PROPER LABELING OF DRUGS & BIOLOGICALS
						X C	B	11/10/2003	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
	X	D				X C	E	11/10/2003	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

85 NEW 85 EXIST 85 EXIST 2000 EXIS

PRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE
SURVEY SURVEY SURVEY SURVEY OF CORRECTION
06/2000 10/2001 08/2002 09/30/2003

LSC DEFICIENCIES - BLDG NO. 01

K0027-DOORS IN SMOKE PARTITIONS
K0046-EMERGENCY LIGHTING
K0050-FIRE DRILLS
K0051-FIRE ALARM SYSTEM
K0052-TESTING OF FIRE ALARM
K0054-SMOKE DETECTOR MAINTENANCE
K0070-SPACE HEATERS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

LOGAN NURSING & REHAB CENTER

PROVIDER #: 465116

EDITION OF LSC APPLIED

85 NEW	85 EXIST	85 EXIST	2000 EXIS	PLAN/DATE
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	OF CORRECTION
SURVEY	SURVEY	SURVEY	SURVEY	
06/2000	10/2001	08/2002	09/30/2003	
			X C	10/31/2003
X	X	X	X C	11/10/2003

LSC DEFICIENCIES - BLDG NO. 01

K0074-COMBUSTIBLE CURTAINS
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

LOGAN NURSING & REHAB CENTER

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TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	5	7	8	0
HEALTH TOTAL	5	7	8	0
LIFE SAFETY CODE	5	5	1	2
LIFE SAFETY CODE + HEALTH	10	12	9	2

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
09/27/2001	SUBSTANTIATED
02/27/2002	UNSUBSTANTIATED
02/11/2003	SUBSTANTIATED
07/01/2003	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY